

Director's Signature:

CBS

Time Log/Program / Area: 2048-Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 10, 2010

Employee Name:		Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Corbett,Kate 45161000 Employee Signature	Day: In - Out		06 215	700 300		055 300	06 215	
	Lunch: Out - In		12 <sup>00</sup> 12 <sup>30</sup>	12 <sup>00</sup> 12 <sup>30</sup>		12 <sup>00</sup> 12 <sup>30</sup>	12 <sup>00</sup> 12 <sup>30</sup>	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.				CH 7.5 hrs ✓			
Dookhan,Annie 45161000 Employee Signature	Day: In - Out		6:45 3 <sup>20</sup>	6:45 3 <sup>15</sup>	6:45 3 <sup>20</sup>	6:45 3 <sup>15</sup>	6:45 3 <sup>20</sup>	
	Lunch: Out - In		12 <sup>00</sup> 12 <sup>30</sup>					
	Outside Duty: From - To					8:10 11:30	8:10 10:50	
	Document exceptions or comments, indicate type and amount.					Lawrence SW ✓	Campbell District Meeting ✓	
Feiden, Stacey 8400-9745 Employee Signature	Day: In - Out		8:15 4:15	8:30 4:30	8:30 4:30	8:15 4:45	8:25 4:25	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.					2.5 hrs ✓		
Frasca,Daniela 45161000 Employee Signature	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45		6:45 2:45	
	Lunch: Out - In		12:30 1:00	12:45 1:15	12:30 1:00	8:00 4:00	12:00 12:30	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.					Lawrence SW ✓		

Director's Signature:

*Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.*

Time Log/Program / Area: 2048-- Boston Drug Lab

Folk OIG PRR 002803

Week Ending: April 10, 2010

Director's Signature:

Obs

Time Log/Program / Area: 2048-- Boston Drug Lab

*Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.*

Week Ending: April 10, 2010

Employee Name:				Sunday 04/04/10		Monday 04/05/10		Tuesday 04/06/10		Wednesday 04/07/10		Thursday 04/08/10		Friday 04/09/10		Saturday 04/10/10	
Philips, Gloria 45161000	Day: In - Out																
	Lunch: Out - In																
	Outside Duty: From - To																
Employee Signature		P8															
Document exceptions or comments, indicate type and amount.				SIC 7.5		CMT 7.5		CMT 7.5		JDP 7.5		CMT 7.5					
Piro, Peter 45161000	Day: In - Out									10 <sup>00</sup>	300	725	345	720	340		
	Lunch: Out - In											1200	1230	12	1234		
	Outside Duty: From - To																
Employee Signature		Bettie															
Document exceptions or comments, indicate type and amount.				SIC 7.5		SIC 7.5		SIC 2.5									
Renczkowski, Daniel 45161000	Day: In - Out							645	245	730	330	805	405	645	145	645	345
	Lunch: Out - In							1215	1245	1200	1230	1200	1230	1130	1200	1145	1215
	Outside Duty: From - To									12:15	1:30pm						
Employee Signature		D. Renczkowski						VAC 7.5		BMC				SIC		OT	
Document exceptions or comments, indicate type and amount.												1.0 hr		1.5 hrs			
Saunders, Della 45161000	Day: In - Out							6:45	245	6:45	2045	6:45	245			6:45	3:00
	Lunch: Out - In							1:15	1:45	1:00	1:30	1:00	1:30			1:10	1:40
	Outside Duty: From - To															8:10	10:50
Employee Signature		Della Saunders										CMT 7.5		CMT 7.5		OT 7.5	
Document exceptions or comments, indicate type and amount.												Campbell's District Meeting					

Director's Signature:

*Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.*

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 10, 2010

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below  
Department: Drug Laboratory

Date(s) of overtime work: 4/10/10

# of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be:  paid at OT rate \_\_\_\_\_ added to comp time balance \_\_\_\_\_  
(if OT rate, complete below)

OT Account: 8400 - 9745

Approval:

Supervisor: Chalem

Date: 4/6/10

Department Head: Maguire, Karen

Date: 4/6/10

Denial reason: \_\_\_\_\_

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	180459	7.5			
Nicole Medina	285766	7.5			
Daniel Perzynski	297673	7.5			
Della Saunders	147387	7.5			
Zhi Tan	148724	7.5			